

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION		6784	11/20/00
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		69300	

BEST AVAILABLE COPY

INDEX OF CLAIMS

✓ .....	Rejected	N .....	Non-elected
= .....	Allowed	I .....	Interference
- (Through numeral)...	Canceled	A .....	Appeal
÷ .....	Restricted	O .....	Objected

Claim	Date
Final	11/10/00
Original	11/10/00
1	✓
2	✓
3	✓
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Claim	Date
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If more than 150 claims or 10 actions  
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